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ABSTRACT

An attempt was made to determine whether counseling doctoral programs allow or encourage a discussion of religion and spirituality as part of the counselor client relationship. Several arguments are presented that support therapists attending to clients' religious and spiritual beliefs. The types of problems or disorders that can be aided by clients' religious and spiritual beliefs include abuse; martial or family difficulties; alcohol or drug dependency; balancing career and family; and unwanted pregnancy. Ethical considerations are discussed on how to integrate religious and spiritual issues into therapy. How to train and supervise psychologists to work with religiously diverse clients is reviewed and suggestions are given on how to prepare therapists to integrate religious and spiritual issues. (Contains 31 references.) (JDM)

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Supervision and Religious/Spiritual Issues: Toward a Discussion

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Roundtable presentation at the 109th Annual Convention of the
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Supervision and Religious/Spiritual Issues: Toward a Discussion

Roundtable Discussion: Hot Topics in Clinical Supervision and Training- 2001
Richard Isakson, Ph.D., Vaughn Worthen, Ph.D., and Kirk Dougher, Ph.D.
Brigham Young University
109th Annual APA Convention, San Francisco, August 2001

I. Introduction: Why a discussion of supervision and religious/spiritual issues?

Psychology interns have been coming to the Counseling and Career Center Psychology Internship Program at Brigham Young University since 1990. BYU is a church-sponsored university. Interns, regardless of their own religious orientation, often remark that it is good to be in a setting where they can integrate clients' religious/spiritual beliefs and values into the therapy process. Many interns state that this was not allowed during training they received in their doctoral programs. They report than supervisors in doctoral programs discourage or even sometimes forbid students from bringing clients' religious/spiritual issues into the therapy process.

- *Is this an isolated occurrence or does it represent, at least in part, what is happening in clinical and counseling psychology doctoral programs?*
- *Where do psychology supervisors stand on the integration of religious/spiritual issues into therapy and supervision?*
- *Is clinical supervision giving religious/spiritual issues the attention they require?*

Bernard and Goodyear (1998): "We were unable to find a single published work devoted to spirituality as a legitimate supervision issue, despite the fact that there is a growing interest in spirituality in the counseling and therapy literature." (p.38)

For example: The chapters in the respected Handbook of Psychotherapy Supervision (Watkins, 1997) make little or no mention of religious or spiritual issues. One exception to this is the chapter on cultural competence in psychotherapy (Lopez, 1997) which uses an example of a religious person hearing the voice of God as a warning to take into account the cultural context so as not to overpathologize such behavior.

II. How do we distinguish religion, spirituality and transpersonal beliefs?

Fukuyama and Sevig (1999) provide useful definitions:

> "...**spirituality** refers to the individual's search for meaning and value in life and relationship with a transcendent power. Spirituality may be experienced and expressed through religion." (p. 4)

"**Religion** can be defined as an organized system of faith, worship, cumulative traditions, and prescribed rituals." (p. 6)

"Although religion has traditionally been the means for nurturing a spiritual life, in recent times more people are claiming to have found a sense of spirituality outside of organized religion."

"**Transpersonal** refers to beyond the personal or across the self...developing a self while also honoring the urge to go beyond the self." (p. 8)

- *Is it more acceptable to the psychology profession to deal with a client's spiritual or transpersonal issues than his or her religious beliefs, values, and practices?*

III. Why the need for attention to religious/spiritual issues in clinical practice and supervision?

A. A shift in psychology

Richards and Bergin (1997) state: "The alienation that has existed between mental health professions and religion for most of the 20th century is ending....There is now a more spiritually open *zeitgeist*" (p.3)

Because of the renewed interest in religious and spiritual issues, counselors and psychotherapists are being encouraged to take seriously their clients' religious and spiritual beliefs and values. In fact, there is a growing sentiment that religious and spiritual issues need to be addressed in order for counseling and psychotherapy to be effective with religious clients (Bergin, 1991; Worthington, Kurusu, McCollough, & Sandage, 1996; Shafranske, 1996; and, Richards & Bergin, 1997).

- *Are doctoral training programs in professional psychology keeping up with the trend?*

Miller (1999) has a perspective on this question: "... clinical training programs typically do little to prepare their students for professional roles with people who vary widely in their spiritual and religious backgrounds, an oversight that has been pointed out for decades." (p.254)

Miller (1999) adds a personal note: "My own training in a scientist-practitioner psychology program was mostly silent on this subject, leaving me with the impression that it was not a proper topic for discussion among mental health professionals. We owe it to our students and future clients to do better than that." (p.253)

Speaking further about the training of professional psychologists and the "silence" on the

topic of religion and spirituality, Miller (1999) argues that: "It is virtually certain in a pluralistic society that their clients will also vary widely on and spiritual dimensions. The most vital general message to deliver in diversity training is that these differences matter in professional practice and deserve careful attention. Silence communicates at least irrelevance, if not a taboo." (p.255)

- *What happens when therapists remain silent on the religious or spiritual issues that are relevant to therapy?*

Pedersen (1997) makes a point, similar to Miller (1999) about therapist silence on religious/spiritual issues in therapy:

"Counselors who choose to be noncommittal or 'objective' are likely to fail because (a) silence may be viewed as supporting a value position, and (b) they unintentionally communicate values to their clients that may or may not be perceived accurately." (p. 98)

On the need for integration of religious/spiritual issues in therapy, Worthington, Kurusu, McCollough, and Sandage (1996) begin their review of researchon religion and psychotherapeutic processes with a strong statement:

"Since 1986, interest in religion and counseling has boomed....With the virtual acceptance of multiculturalism as a "fourth force" in psychology, the role of religion in counseling and psychotherapy has become an acceptable topic for debate and discussion and has become an acceptable aspect for training." (p. 448)

B. Religion is a recognized area of Human Differences in the APA Ethical Principles of Psychologists and Code of Conduct (APA, 1992)

Psychologists are expected to obtain competence (or make appropriate referrals) in working with individuals or groups representing differences of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status. Psychologists respect people's rights and dignity with respect to the areas of human difference which include religion.

C. Religion in the U.S.

Hoge (1996) describes religion in America, based on survey data from the Gallup Organization:

1. In the U.S. population:

95% profess a belief in God
91% of Americans surveyed expressed a religious preference
87% say that religion is very important (58%) or fairly important (29%) in their lives
66% state that prayer is an important part of their lives

2. Among psychotherapy clients

Several studies indicate that devoutly religious clients express a preference for a therapist who is of their own faith or, at least, a therapist who shares their values. They fear that a secular therapist could misunderstand them or try to undermine their religious beliefs, values or practices (Worthington, et al., 1996)

Religious persons may seek mental health therapy only as a last resort after first turning to family, friends, or the clergy (Richards & Bergin, 2000).

Keating and Fretz (1990) have found that many highly religious Christians have negative expectations for counseling and are less likely to see it as being compatible with their religious beliefs.

In a sample of Florida residents, it was found that 79% felt that religious values were important to bring into therapy (Quackenbos, Privette, & Klentz, 1985).

Rose, Westefeld, & Ansley (2001) studied a group of psychotherapy clients from a variety of treatment settings. Though 40% of the participants reported no current religious affiliation, the majority of clients felt that religious issues are appropriate for discussion in therapy. In the same sample, 25% of the clients expressed a clear preference for discussing religious and spiritual issues in counseling.

3. Among psychotherapists

Hawkins and Bullock (1995) review the literature showing that psychotherapists, as a group, are less religious than the U.S. population and their clients.

Shafranske (1996) reports data from studies which indicate that 95% of psychologists surveyed reported being raised within a particular religion. However, less than 50% of the psychologists reported regular participation in a religion. Another study looked at university faculty who stated they had no religious preference. Psychology faculty were among the least religious: 50% stated they had no religious preference. For all faculty the percent saying no religious preference was 30%.

Bergin (1991) found that only 29% of psychotherapists viewed religious issues as important to the treatment they provided to all or many of their clients.

D. Why should therapists attend to clients' religious and spiritual beliefs?

Worthington (1989) gives five reasons for attending to clients' religious and spiritual beliefs:

1. A high percentage of the population in the United States identifies itself as religious.

2. Many people who are undergoing emotional crises spontaneously consider religion in their deliberations about their problem.

3. Many clients are reluctant to bring up religious considerations because of their perception that therapy is an essentially secular process.

4. Therapists are generally not as religiously oriented as their clients.

5. As a result of being less religiously oriented than their clients, many therapists are not as well informed about religion as might be appropriate.

IV. Psychology and Religion: What's the Relationship?

Shafranske and Gorsuch (1984) make a point we need to consider as psychologists:

"Within the context of psychologists' professional and personal perspectives on religion, it is relevant to address the profession's preparedness to respond to the spiritual dimension which the majority of Americans- and we might purport the majority of consumers of psychological services- attest to experience within their lives." (p.232)

Shafranske and Gorsuch (1984) provide some insight into the nature of the relationship between psychology and religion:

"American psychology has rarely focused its theoretical, research or clinical attention on religious experience or spirituality....The relative inattention to the religious or spiritual and the eschewing of study in this area may have its roots in the historical precedents of the profession. In its urgency to dissociate itself from philosophy, to earn its credentials and respectability as an empirical science as opposed to a speculative discipline, the dimension of spirituality was ushered out of the legitimate purview of psychology." (p.231-32)

Lukoff and Lu (1999) make a similar point about mental health practitioners and the religious/spiritual realm of experience:

> "Religious and spiritual experiences have historically been pathologized or ignored in mental health, which has impeded culturally sensitive understanding and treatment of religious and spiritual problems. This bias has affected training: psychiatrists (as well as other mental health professionals) have reported minimal or no training in dealing with religious and spiritual issues."

- *Do psychologists view religion and spirituality as nonscientific, or worse, pathological?*
- *Do psychologists tend not to be religious and, therefore, not willing to consider religious/spiritual issues in treatment?*
- *Or do psychologists feel uncomfortable, perhaps incompetent, in addressing religious and spiritual issues in therapy?*

V. What ethical considerations ought we to keep in mind as we integrate religious/spiritual issues into therapy?

A. Ethical Considerations

Pedersen (1997) asks the basic ethical question about therapy and religious/spiritual issues: "How can religious values be expressed in therapy without abusing the therapist's power and the client's vulnerability?" (p. 98)

Richards and Bergin, 1997 offer some useful ethical considerations:

1. Religion is a form of diversity recognized by the APA
2. Need for psychologist to respect client's religious/spiritual beliefs and values
3. Competence to work with religious/spiritual issues
4. Possible dual roles as therapist working with client's religious/spiritual issues
5. Imposing religious values on clients

Hawkins and Bullock (1995) provide a detailed discussion of ethical principles and religion in which they describe the responsibilities of psychologists working with

religious clients. Ethical standards regarding human differences, nondiscrimination, harassment, and respecting others are pointed out. Yarhouse and VanOrman (1999) also provide a very useful treatment of the ethical considerations psychologists should attend to in working with religious clients. They provide a section on assessment measures psychologists can use in assessing dimensions of a person's religiosity and spirituality.

B. Informed Consent

Hawkins and Bullock (1995) also raise an important point about how psychologists should address the issue of religion and spirituality by first obtaining the client's informed consent. The therapist should disclose his or her own spiritual or religious views as part of the informed consent. This should occur prior to embarking on a discussion of the client's religious or spiritual beliefs and values related to the presenting problem.

VI. How can we use training and supervision to prepare psychologists to work with religiously diverse client populations?

Lukoff, Turker, and Lu (1992) emphasize the important role of religion and spirituality as part of a person's worldview: Religion and spirituality are, according to their analysis, "among the most important factors which structure human experience, beliefs, values, and behavior, as well as illness patterns."

A. What is worldview?

Sue and Sue (1990) define worldview as the way a person perceives his or her relationship to the world. They state that world views are closely related to a person's cultural upbringing. Worldview includes our attitudes, values, opinions, concepts and they affect how we think, behave, perceive events, and make decisions in life.

B. Cross-cultural Perspectives and Worldview

Brown and Landrum-Brown (1995) in writing about cross-cultural perspectives in supervision discuss the supervisory triad of client, counselor, and supervisor. They state:

"We propose, therefore, that all parties to the supervisory process bring to it a number of cross-culturally relevant features that influence the process. For example, supervisor and supervisee perceptions and conceptualizations regarding a client and his or her concerns are influenced by the client's cultural characteristics and the superivsor's and supervisee's own cultural frames of reference; these perceptions and conceptualizations may come in conflict with each other as a function of worldview differences between the supervisor and supervisee. We believe that it is impossible to accurately construe the supervisory process without alluding either to the client-counselor/supervisee-supervisor triad or to

the influence of their worldview perspectives." (p.266)

- *Is religion and spirituality being seen as part of a client's worldview?*

Brown and Landrum-Brown (1995) make a strong case for integrating worldview of the client, counselor, and supervisor into the treatment and supervision processes. They fail, however, to mention religious and spiritual beliefs and values as part of the worldview in the triad.

Though Sue and Sue (1990) do not specifically mention that persons from various religious or spiritual backgrounds have worldviews shaped by their upbringing and life experiences, this is certainly the case.

C. Religious people and life experience

An excellent review of the literature by Worthington, et al. (1996) describes some aspects of life experiences for religious people:

1. Religious people view the world and experience life differently from those who are not religious.

2. They talk differently about their lives.

3. Intrinsically religious persons describe their experiences in religious terms.

4. Highly religious people use more religious cognitive constructs to perceive the world.

5. Religious people may cope differently with stress and be part of a social support network.

6. Religious values affect preferences for counseling for highly religious clients. Religious beliefs are not as important in determining preferences for counseling.

D. Training and Supervision

Worthington, et al. (1996) discuss the training implications of therapy with religious clients:

"Strongly religious people are probably as numerous with the United States as are major minorities....It is imperative that counselors in training learn to distinguish between religious pathology and strongly held 'normal' religion (especially in religious traditions that are unfamiliar to the counselor." (p. 479)

Though religious and spiritual issues are gaining acceptance as important to psychotherapy, there is evidence that psychologists receive relatively little training in dealing with these issues in therapy.

In a study by Golston, Savage, & Cohen (1998) a sample of 210 psychology internship training directors were asked about the importance of training in religious and spiritual issues. Only 34% indicated they provided some training in this area for their psychology interns.

1. Training and Supervision for Preparing Therapists

Miller (1999) provides some excellent suggestions for how training and supervision can better prepare therapists to integrate religious/spiritual issues:

a. Overcoming prejudice

Training programs and supervision have a responsibility to address students' own attitudes toward religion and spirituality. In the spirit of "first, do no harm," it is important to ensure that clients' religious beliefs are not belittled or pathologized.

b. Professional competence

Trainees need to gain familiarity with a range of spiritual and religious perspectives. Religious and spiritual beliefs, as aspects of diversity training, need to be integrated into every aspect of clinical training.

c. Assessment of religious and spiritual factors

Trainees need to be encouraged and taught how to comfortably and competently explore and assess a client's religious background, beliefs, and current spirituality. Questions about religion and spirituality can be part of a standard clinical interview.

d. Professional relationships in working with clergy

Training programs need to prepare students to work ethically with the clergy. How and when to refer to and collaborate or consult with clergy for the welfare of a client is important to learn.

e. Use of supervision

Supervision can be used to explore with trainees how to incorporate a client's religious/spiritual issues into therapy. The supervisor's and trainee's own spiritual issues, attitudes, beliefs, and biases can be processed in supervision.

2. Religious/Spiritual Competencies for Therapists

Before counselors embark on an exploration of their clients' religious/spiritual lives, they should be aware of their own spiritual and religious beliefs, values, and spiritual journey. (Fukuyama and Sevig, 1997)

Fukuyama and Sevig (1999) provide a list of spiritual competencies for counselors that could be addressed in the training of mental health professionals. The competencies were developed in 1995 by the Association for Spiritual, Ethical, and Religious Values in Counseling.

a. Explain the relationship between religious, spiritual and transpersonal phenomena, including similarities between the three types of phenomena.

b. Describe religious, spiritual and transpersonal beliefs and practices from the perspective of diversity.

c. Engage in self-exploration of one's religious, spiritual and/or transpersonal beliefs to foster self-understanding and acceptance of one's belief system.

d. Describe one's religious, spiritual and/or transpersonal belief system.

e. Explain one or two models of human religious, spiritual and transpersonal development across the lifespan.

f. Demonstrate empathy for understanding a variety of religious, spiritual and transpersonal communication.

g. Identify limits to one's tolerance of religious, spiritual and/or transpersonal phenomena and in case of intolerance, demonstrate appropriate referral skills and generate possible referral sources.

h. Assess the relevance of the religious, spiritual and/or transpersonal domains in the client's therapeutic issues.

i. Be receptive to, invite and/or avoid religious, spiritual and transpersonal material in the counseling process as it befits the client's expressed preferences when it is relevant for counseling.

j. Use a client's religious, spiritual or transpersonal beliefs in the pursuit of the client's therapeutic goals as befits the client's expressed preferences, or admit inability to do so in such a way that honors the client. (p. 67)

VII What types of problems or disorders are likely to have important connections to clients religious/spiritual beliefs and values?

A. Questions about meaning of life, life events, and changing life situations

B. Behaviors that transgress important religious or spiritual values and beliefs

C. Crises involving death or other loss

D. Abuse

E. Marital or family difficulties

F. Alcohol and drug dependence

G. Career choices and balance of career and family

H. Extramarital affair

I. Unwanted pregnancy, Abortion

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